



Healthwatch Kingston Enter and View Report: Kingston Hospital Food and Hydration

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1. Introduction and purpose of visit

[Healthwatch Kingston upon Thames](#) was set up by the Health and Social Care Act of 2012 to be the independent champion for access to and quality of local NHS and social care for local people.

We seek the views of patients, service users, carers, and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with [Healthwatch England](#) and the [Care Quality Commission](#) who make sure that the Government put people at the heart of care nationally.

What is Enter and View

Local Healthwatch have a legal power to visit health and social care services and see them in action. This power to [Enter and View](#) services offers a way to meet some of our statutory functions and allows us to identify what is working well with services and where they could be improved.

The statutory service, legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the [Local Government and Public Involvement in Health Act 2007](#) and [Part 4 of the Local Authorities Regulations 2013](#) to carry out Enter and View visits.

Healthwatch must consider how Enter and View activity links to the statutory functions in section 225 of [Local Government and Public Involvement in Health Act 2007](#).

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system wide.

2. Context

In NHS England's '[National standards for healthcare food and drink providers](#)' (published on 1 November 2022), Simon Corben, Director and Head of Profession, NHS Estates NHS England noted:

'Every healthcare organisation has a responsibility to provide the highest level of care possible for their patients, staff and visitors. This includes the quality, nutritional value and the sustainable aspects of the food and drink that is served, as well as the overall experience and environment in which it is eaten.

It is important that all healthcare organisations see the intrinsic value in the view of 'food as medicine' and that it remains a standing item on the board agenda. Senior NHS leaders must be held accountable for the standard and quality of food served in their organisation, and patient and staff nutrition must be prioritised.

Many healthcare organisations already provide high quality food and drink to their patients, staff and visitors, but the variation across the country is still too great. Not enough healthy options are consistently available, sustainability is poorly embedded and too much food is wasted.'

Kingston Hospital continues to audit nutrition and hydration to ensure hospital food and drink services comply with the NHS Nutrition Standards and that providers work with hospital dietitians to ensure menus achieve these.

At Kingston Hospital, Apetito provide the meals and the menus, and ISS provide the systems and processes that deliver the food to patients on the wards.

3. Enter and View food and hydration recommendations

1. Special menu variety

- a) Healthwatch Kingston recommends increasing the food options available on special menus. If there are suitable options on the main menu, consider adding these to the special menu for that day, so that patients can easily see what is available to them.
- b) If increasing the food options is not possible, then Healthwatch Kingston recommends changing the special menu more often, so that patients who are in hospital for a prolonged period get more variety through the special menus.

2. ISS (the provider of the food and drink service to wards at Kingston Hospital)

- a) Healthwatch Kingston recommends that ISS consider the dietary needs of patients when needing to substitute patient meal choices. Perhaps ISS could contact ward staff ahead of mealtimes, to ensure that a suitable alternative is made available, thus reducing the need to find alternatives during busy mealtime delivery.
- b) Healthwatch Kingston recommends that ISS must ensure their help desk is covered during mealtimes to assist ward staff as needed.

3. Food and drinks delivery

- a) Healthwatch Kingston recommends that the food trolley remains on the ward for longer periods during mealtimes to allow patients with fluctuating appetites to ask for 'seconds', and provide staff time to manage patients who have received the wrong food or changed their minds. This would also allow food to stay warm for red tray patients when staff and volunteers need more time supporting them.
- b) Healthwatch Kingston recommends that, ward and ISS staff ensure consistency during food service on the wards, and are mindful of food presentation and where appropriate portion sizes.
- c) Healthwatch Kingston recommends as well as providing support to those with red trays, staff on the ward are mindful to assist all patients if they need additional support to reach food.

4. Volunteer recruitment

- a) Healthwatch Kingston recommends that Kingston Hospital either consider ensuring adequate numbers of hospital staff are available to support patients to eat their

meals at mealtimes, or recruiting more volunteers to support staff during mealtimes, with a focus on where there are higher numbers of red trays required.

5. Accessible menus

- a) Healthwatch Kingston recommends removing 'Week 1' from all menus as even though Apetito (who provide meals and menus) run a 2-week menu, Kingston Hospital only use 'Week 1'. Any additional space could be used to raise awareness of both sides of menu, and a reminder for patients with dietary requirements to request the special menus for staff.
- b) Healthwatch Kingston recommends Kingston Hospital create easy read menus and consider translating menus into key languages spoken by local communities, so patients can order their own food more easily when family/friends and translators are not available. In the meantime, we recommend improved use of available 'picture menus' on the wards.

6. Adult inpatient engagement and involvement in assuring food and drink quality and delivery

- a) Healthwatch Kingston recommends Kingston Hospital consider how to monitor the recommended ISS guidance on hydration (6 drinks per day, per ward, and additional evening drink served by ward staff), and ensure this guidance is adhered to, so as to free up ward staff for other duties.
- b) Healthwatch Kingston recommends Kingston Hospital continue to consult with patients on food options and quality and involve patients in tasting new menus and food evaluation.

7. Clear food and drink signage and improved communication

- a) Healthwatch Kingston recommends improved signage to food and drink options throughout Kingston Hospital (that includes directions to vending machines, and the local Sainsbury's next to Norbiton Station) and permanent signage in the Emergency Department (ED) waiting areas that inform patients and visitors they can leave the waiting area to get food and drink elsewhere in the hospital, as long as ED staff are made aware of this.
- b) Healthwatch Kingston recommends ensuring that information about opening times for areas providing food and drink are consistent and accurate on site and via other communications (e.g. consistent information about Costa being open 24 hours a day would help patients, staff and visitors plan, particularly those with long waiting times). Adding signs for where vending machines are located, perhaps on the walls, if it would make the hospital maps too cluttered.

- c) Healthwatch Kingston recommends that Kingston Hospital ensures patients (and visiting family/friends) are made aware of the availability of patient fridges on the wards, and where possible, look to adding fridges to wards that currently do not have them.

8. New food options across the emergency departments

- a) Healthwatch Kingston recommends improving staff knowledge about what food is available to patients being cared for in any of the Kingston Hospital emergency departments and how staff can access this for their patients.
- b) Healthwatch Kingston recommends Kingston Hospital increase the choice of general snacks, fruit and drinks across all emergency departments, as patients (and their family/friends) are often there for longer periods than expected.
- c) Healthwatch recommends Kingston Hospital explore how to meet the needs of people with special dietary requirements across all emergency departments (e.g. some meals that would be suitable for more than one audience, such as most meat eaters would eat vegetarian chilli).

9. The café in the outpatient area

- a) Healthwatch Kingston recommends investigating options for different chairs for the outpatient waiting room. We recognise the space constraints but ones with small side tables on the arms or between chairs would allow patients (and family/friends) have their food and drink in more comfort.
- b) Healthwatch Kingston recommends Kingston Hospital explores food and drink storage options for the café in the outpatient area, so it does not run out of core products for patients.
- c) Healthwatch Kingston recommends providing more information about the café run by the Royal Voluntary Service (and who the RVS is), both within the Kingston Hospital and in other patient communications.

10. Wards

- a) Healthwatch Kingston recommends installing a fridge/freezer on Hardy ward, so that gastric patients might store more suitable snacks such as ice cream and yoghurts preferred by patients.

11. Main restaurant opening times

- a) Healthwatch Kingston repeats a recommendation we made in a previous Enter and View of Adult Inpatient Wards, that noted:

'...if hospital staff are at times needing to work longer than usual hours, then we recommend that hot food be made available beyond 3pm.'

Healthwatch Kingston suggests opening the main restaurant beyond 3pm to serve hot dinners (as well as lunches and breakfasts), this would benefit both hospital staff, mobile patients and visiting family/friends.

12. Affordable vending machines

- a) Healthwatch Kingston suggests improving the pricing of items in vending machines, ensuring they are the same across the hospital and also not overly expensive for those accessing them.

13. Other (non-food and drink)

- a) Healthwatch recommends that Kingston Hospital consider additional staff or recruiting more volunteers, to support with dementia patients who may become confused in the evening (sundowning) or walk with purpose/wandering dementia.
- b) Healthwatch Kingston recommends Kingston Hospital explores the benefits of a 'volunteer lead sitting service', where patients who may be distressed or anxious can receive extra support, so family members/visitors have the flexibility to leave patients and attend to their own needs (eating/personal care/rest).
- c) Healthwatch Kingston recommends doors are not propped open when there is a safety warning on the door that could lead to people entering rooms they should not or without PPE.
- d) Healthwatch Kingston recommends that messaging on the TV screens in the Emergency Department about food availability be shown for longer on the screen to support people may struggle to read the information quickly.

4. Methodology and limitations

Healthwatch Kingston (with Healthwatch Richmond) and Kingston Hospital discussed the benefit of a series of Enter and View visits of Adult Inpatient Wards at the hospital that focused on food and hydration to help inform work being done by the hospital and to further support service improvements. These visits would be informed by work completed previously by Healthwatch (see [Enter & View Report from 2021](#)) and evidence provided by Kingston Hospital NHS Foundation Trust.

A framework of questions for patients (their family/friends) and hospital staff and caterers, along with an observations sheet was co-designed by Healthwatch Kingston, Healthwatch Richmond and our Healthwatch Enter and View Authorised Representatives.

Healthwatch Kingston and Healthwatch Richmond agreed to divide up the identified areas for our respective Enter and View visits. Healthwatch Kingston agreed four visits with Kingston Hospital that observed public food and drink areas (Costa, cafe and Restaurant) in Urgent and Emergency Care and Outpatients and the following six adult inpatient wards:

- **Hardy Ward** – provides care and treatment for people with problems affecting their digestive system (Gastroenterology).
- **Hamble Ward** – provides care for people with respiratory conditions.
- **Isabella ward** – currently treats people who need hospital treatment and care after an unplanned admission.
- **Kennet Ward** – a dementia friendly environment providing care for elderly people who are unwell and in need of hospital care and treatment.
- **Astor Ward** – an emergency surgical ward which cares for patients admitted from the emergency department (ED), outpatient clinics or transferred from another hospital.
- **Alex Ward** – an elective surgical ward caring for patients undergoing colorectal, general surgery, urology, breast, gynaecology, ENT and vascular procedures. (There are four high dependency beds within Alex Ward).

Our four announced Enter and View visits were scheduled to take place on 20th, 22nd, 25th and 28th March 2024 and aimed to observe breakfast, lunch and evening meals.

Prior to each visit, the Healthwatch Kingston visit lead checked in with both hospital staff and the Healthwatch visiting team to ensure there were no infection control issues or incidents which would prevent the Enter and View from taking place.

Due to illness within our visiting team (also our visit back up team), Healthwatch Kingston took a decision to cancel the visit planned for Wednesday 20th March to support infection control. This meant that we did not visit Astor and Alex Wards as planned. However, Healthwatch Richmond were able to include these two wards in their set of Enter and Views (on Tuesday 14th May 2024).

Our visiting team did not have opportunity to speak to ISS (who provide the food and drink for Kingston Hospital) catering staff during our visits. ISS were observed arriving with food trolleys, plating up meals for patients and then after all meals were plated and their routine checks were completed, ISS catering staff left the wards. Only hospital ward staff were observed delivering food, on trays to patients and also clearing trays after mealtimes.

After each visit the Healthwatch Kingston visiting team met with Lee Walsh Deputy Head of Patient Experience & Involvement at Kingston Hospital NHS Foundation Trust to discuss that day's Enter and View to raise any immediate issues or concerns.

Please note that this report only relates to findings observed and what patients, (their family/friends) and hospital staff and caterers shared with us on the days of our visit:

Friday 22nd March – Emergency Department, Outpatients, Restaurant and Costa

Monday 25th March – Hardy and Hamble Wards

Thursday 28th March – Isabella and Kennett Wards

Our report is not a representative portrayal of the experiences of all patients (their family/friends) and hospital staff and caterers, only an account of what was observed and those that contributed during our visits.

The Healthwatch Richmond upon Thames Enter and View report about Kingston Hospital inpatient nutrition is available [here](#).

Details of visit

Service provider	Kingston Hospital NHS Foundation Trust
Service address	Galsworthy Road, Kingston Upon Thames, Surrey, KT2 7QB
Registered manager	Nichola Kane – Chief Nurse
Dates and times of Healthwatch Kingston Enter and View visits	Friday 22nd March 2024: Between 11am – 4pm. Monday 25th March 2024: Between 7am – 9.30am, 11am – 2pm, and 4.30pm – 7pm. Thursday 28th March 2024: Between 7am – 9.30am, 11am – 2pm, and 4.30pm – 7pm.
Status of Enter and View visit	Announced
Healthwatch Kingston Authorised Representatives	Scott Bacon Candy Dunne Helena Wright Kezia Coleman Stephen Bitti Liz Meerabeau Graham Goldspring Jillian Dempsey
Healthwatch Kingston visit lead	Scott Bacon
Healthwatch Kingston visit support Lead	Candy Dunne
Healthwatch Kingston contact details	Address – Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX Phone – 0203 326 1255 Email – info@healthwatchkingston.org.uk

5. Emergent themes

The following common themes emerged from our Enter and View visiting team observations and conversations with patients (family/friends) and hospital staff.

5.1 Efficient and effective mealtimes

Healthwatch Kingston noted that the food service on the wards was timely and efficient. During breakfast, patients could order their lunch and dinner meal choices for that day. Meals chosen were then entered onto a tablet by a member of staff, which generated an automatic food ticket in the relevant kitchen for the ISS team to prepare for each patient. The food tickets displayed the patients' meal choice, bay and bed along with the date.

Breakfast on the wards was not pre-ordered but chosen by patients when the food trolley arrived. On the day of our visits, during breakfast, patients were offered toast with preserves as well as cereal, scrambled eggs and a choice of fruit.



When observing lunches and dinners on the wards, the visiting team noticed the service was completed in around 20 minutes (from the trolley arriving on the ward to the final meal being delivered by the hospital ward staff). This included delivering trays to patients' bedsides and supporting those in need to eat comfortably:

“Mealtimes are very efficient, like military precision” – patient

The visiting team observed hospital staff wearing pink aprons and other personal protective equipment (PPE) during the food service. Healthwatch Kingston assumed the

PPE was used appropriately for hygiene purposes and to support patient safety. One member of staff on duty informed us that they preferred to deliver food to side rooms first to support infection control, before continuing service to the rest of the ward:

“We concentrate on side rooms first, then need to wash our hands and put on fresh aprons. Once that is done, we can focus on getting food to other patients who do not need staff to re-wash themselves”.

After mealtime service, the ISS food trolley was removed from the ward promptly. However, the Healthwatch Kingston visiting team wondered if there might be benefit from the food trolleys staying on wards longer (such as, keeping food warm for those with red trays waiting on staff support to eat).

Use of red trays was observed during our ward visits. These supported ward staff to easily identify which patients needed support at mealtimes, or if they required modified food.

During your stay

Food and drink
Eating and drinking well is important for your recovery.
→ **Ask your nurse** if you need help to order food or eat and drink.

Mealtimes

Breakfast	Lunch	Dinner	Refreshments and snacks
			
8:30 to 9:30	12:30 to 13:30	17:30 to 18:30	Served all day

Mealtimes may be slightly different on your ward. Ask if you are unsure. You will be offered a snacks or sandwiches if you miss mealtimes.

Help with eating or drinking
You will be given food on a **red tray** and/or a jug with a **red lid**:

- if you need help to eat or drink
- if you need modified food or drink
- if we need to check how much you eat or drink.



This is so staff know you need particular care.
Visitors are welcome to stay during mealtimes to help you with eating and drinking.

12 www.kingstonhospital.nhs.uk

Healthwatch Kingston noted, helpful information about food and drink was available to patients (their family/friends) in the Kingston Hospital Patient Handbook. The handbook (available in alternative accessible formats) also contains a range of information including, what to bring into hospital when you arrive and important things to have when you leave.

Kennet ward at Kingston Hospital ‘is a dementia friendly environment providing care for elderly people who are unwell and in need of hospital care and treatment’. Staff informed us, “due to some patients’ conditions, it can be quite common for patients to forget what they have ordered in the morning and then want something different in the evening” and that, “patients can forget what they ordered and then complain”.

We noted there were some patients who had been in hospital for several days and learned from others about their fluctuating appetites (on Hardy the gastroenterology ward) and medical requirements (on Isabella the unplanned admissions ward). One patient explained, “Initially I was not eating, but if I needed something I could always ask”.

During our visit to Isabella Ward on Thursday 28 March, the visiting team observed that during dinner service, the food trolley was removed at 5.27pm (when dinner service was meant to be scheduled between ‘5.30 to 6.30pm’).

We met several family members who said they had to stay in the hospital to support a loved one, and that sometimes, they felt uncomfortable leaving the hospital. Reasons for this varied but this could be because they had an elderly anxious parent, were supporting a child or a person with a learning disability or dementia. Some of the family members we spoke with told us they felt compelled to stay, as leaving would cause the patient distress or confusion.



One visitor told us she stayed “sometimes all day” as her elderly husband could become aggressive when she left and she “didn’t want to upset him or cause a problem for busy staff”. She shared with representatives in our visiting team, that sometimes she ate her husband’s leftovers or missed meals entirely, and that this could continue for days. Another said, “Sometimes I get some respite when he [her husband] is staying on the ward and it really helps if he is discharged after a shower. He has high needs and can be difficult to manage sometimes. I eat at lunch but sometimes nothing else all day and we can be in here for weeks. I don’t want to leave him, and it’s not up to the hospital to feed me, but when he is in here, I don’t really eat much. I also try and bring in my own tea bags, so I do not deplete the tea trolley in the corridor.”

A member of staff spoke to the visiting team about the difficulties they sometimes had supporting multiple patients on a ward when they have red trays (signalling the patient needs extra support/needs at mealtimes). We learned that sometimes there could be more patients needing support than there are volunteers and ward staff. This could then

result in patients being served cold food: “If you have three people in a bay that need help with feeding, this can be difficult as we only have one pair of hands”. Another hospital staff member added, “pre-covid, we had more volunteers. We only get one or two a week now. More help to support staff to help people to eat would be great. The food can go cold while they [patients] wait to be helped.”

Efficient and effective mealtimes – key observations and considerations:

- Many patients were impressed with how efficiently food was delivered.
- If food trolleys remained on wards for a longer period, it could benefit both patients and ward staff.
- Recruitment of additional mealtime volunteers could facilitate more timely support to red tray patients who require help to eat and drink – particularly important if a red tray patient has chosen a hot meal.

5.2 Patients’ praise for hospital staff

Most patients spoke highly about the care and support they receive from Kingston Hospital staff during mealtimes. We were told that staff, “go above and beyond” what was expected by patients, and were, “incredibly considerate” of patients’ different needs. One patient we spoke with shared they were “very impressed” when they noticed a member of the ward staff encourage another patient to order food, even though their discharge was imminent, “just in case there were any delays with discharge”. Other patients we talked with during our Enter and View visits noted:

“When I missed a meal for a procedure, staff sorted food for me.” – patient

“One person on the ward is nil by mouth and struggling. They [staff] told them there would be food after their operation and there was a sandwich waiting when they got back.” – patient

“They do a bloody good job with what they have.” – patient

“All very kind and wonderful.” – patient

“Care is excellent from the nurses, but they are run ragged.” – patient

“I have only to ask for a cup of tea and someone will bring me one.” – patient

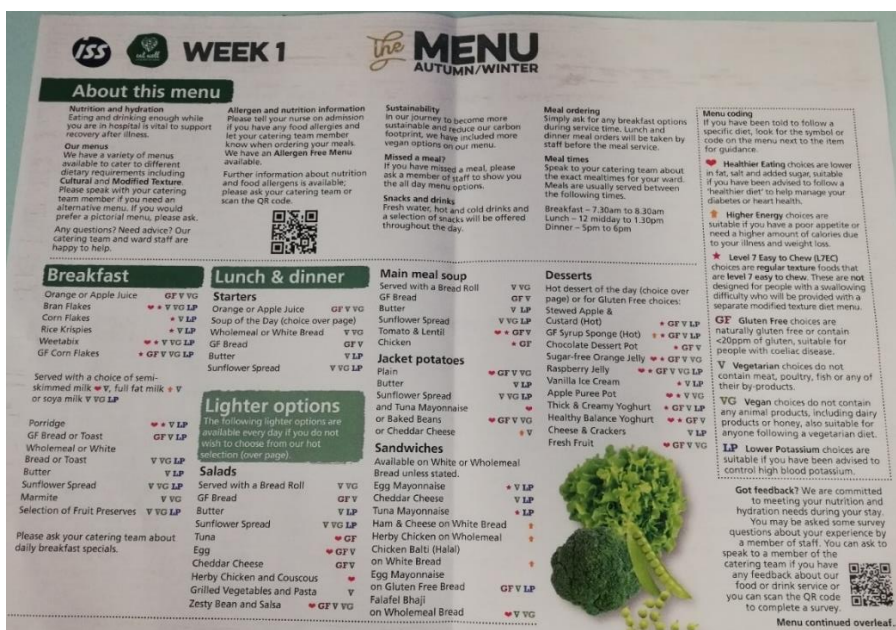
“You can’t fault the staff. We get fresh water in the morning, and it’s topped up throughout the day. If you want tea or coffee outside of these times, nursing staff are happy to get you a drink.” – patient

Patients’ praise for hospital staff – key observations:

- Most patients spoke highly about and were grateful for the help and care they received from Kingston Hospital staff.
- Ward staff were observed working effectively and sensibly to support patients in their care.

5.3 Menu options and variety

Several patients we met commented on the variety of food that was available on the main menu. One patient told us, “I’m surprised by how much choice there is”. Another said they were, “overwhelmed by the choice” and a different patient shared they felt “there is something for everybody”. This was evidenced by the ‘Autumn/Winter’ menu.



The Healthwatch Kingston Enter and View visiting team asked patients, family and friends (visitors) for feedback on the quality, variety, temperature, and quantity of food on offered at Kingston Hospital. The findings from our engagement are shared more detail in [section 4.8](#) of this report.

One patient, who said they had been on their ward for over a week noticed that the menu read 'Week 1', and it never changed. We asked a member of the hospital staff team about this, and they explained, "This is because ISS (who serve the food and drink to Kingston Hospital wards) offer a two-week menu. Kingston Hospital does not have capacity to operate a two-week menu, so only use week 1." Another patient shared the following feedback, "It should say summer and winter menu, get rid of week 1" and "Why have week 1 on the menu at all, take it off as its confusing".

Menu options and variety - key observations and consideration:

- Patients were impressed by how much choice there was on the main menu.
- It could be misleading where the main menu reads 'Week 1' - particularly if patients were in hospital for more than a week and this could be disappointing to not see a different menu in week 2.

5.4 Limitations and difficulties with special menus

The visiting team were told that there are 11 special menus at the hospital and that special menu items are marked on the menu using a key:

1. Kosher
2. Cultural
3. Pureed
4. Minced and moist
5. Soft bite sized
6. Vegan
7. Allergen free
8. Finger food
9. Clear diet
10. Renal / no added salt
11. Low fibre.



The visiting team felt that the main menu 'key' may be overwhelming for some, as there were several different symbols and some special menu items could also be found on the main menu. We were told the special menus were the same each day, for example the 'Vegan Menu' however there were still vegan options available on the main menu. The visiting team noted that the special items on the main menu are not always available on the special menu and suggested it may be clearer to have all alternative meal option on one menu, so it's easier for patients on a special menu to understand all their options.

The Healthwatch Kingston visiting team also heard of issues caused by some food options not being available for patients with special requirements (gluten free, vegan), and that on occasion there had been alternative meals sent which had not considered patients' special requirements. This resulted in ward staff having to organise an alternative meal and manage complaints. Sometimes special menu items came directly from the kitchen and were not available on the food trolley.

Further comments from patients and hospital staff included:

"Halal food too spicy for some, it is difficult not to be repetitive with special diets."

- hospital staff

"A few patients often don't like the food and complain – this is normally people with veggie diets or limited diets." – hospital staff

"I have a limited choice after being in here a long time" – patient on a special menu

"I don't like the gluten free meals." – patient

"A couple of times, if someone has a special diet, they have been given the wrong menu, and often what is ordered is not available. The kitchen staff (ISS) will just send up anything. It is not always appropriate for the patients. It would be better if they called to let us know what is available instead. Substitutes only ever occur if something is not available. The staff do their best to accommodate." – hospital staff

"Someone on special diet didn't get fed. It was not a quick fix, we are the ones that get complaints from a relative, not the kitchen staff (ISS). When we are trying to fix it, we get passed around from person to person and this delays the feeding." – hospital staff

"We had encountered problems when a patient with a special dietary requirement did not get their meal. We tried to contact the ISS helpdesk, but no one answered." – hospital staff

"They are difficult to get hold of sometimes. Human error can and does occur. Sometimes the wrong stickers for special diets, such as gluten free, are on the food when it arrives." – hospital staff

"Change the special menus sometimes." – patient

"More choice and more changes to the vegan menu." – patient

"More sandwich options and more veggie options for dinner." – patient

Limitations and difficulties with special menus – key observations and considerations

- Patients with special dietary requirements may not see all the food options as some are 'hidden' on the main menu with a key, rather than being on the relevant special menu.
- It would help if ISS staff were more aware of special menu patient needs, or spoke with ward staff when a chosen meal is not available, so that patients are not given food they cannot eat.
- Where necessary, improved communication between ward and ISS staff could facilitate the faster provision of alternative meals for patients.

5.5 Low expectations about hospital food

The visiting team learned that some patients had low expectations about hospital food, but this was not always what some of those we spoke to experienced:

"For a hospital, I think it's amazing" – patient

"Surprised by it, particularly the food temperature being good." – patient

"The food is 'hospital food'." – patient

"It is what it is in the circumstances." – patient

"I would describe the hospital food as slop." – patient.

Low expectations about hospital food – observation and consideration:

- It is possible to change patients' low expectations about hospital food with high quality meals, service and through patient and their family/friends' feedback.

5.6 Communication about food and drink availability

Our visiting team noted that the locations and opening times of food and drink serveries within Kingston Hospital was not always clear, and signage not always easily visible. This was particularly evident in the Emergency Department where patients and their family and friends may have arrived with little or no planning. One parent in the children's waiting area explained, "Being advised of food options and opening times would be an improvement". A few people in the waiting room told the visiting team that they knew where Costa was at the main entrance, but one said, "I didn't even know there was a restaurant". Another was surprised to find out there were alternative options to Costa.

Our Authorised Representatives noted there was messaging on the TV screens in the Emergency Department about food availability, however, the screens changed quickly, and some people may also struggle to read the screens. This could be due to language barriers, learning disabilities, or those with sight problems. You also have to see the screen at the right time to catch the signage, and this may be easily missed. Other people we spoke with in the Emergency Department told us:

"Last year my older son came to A&E [Emergency Department] after a fall, he was here for five hours in the end and was tired and hungry. It would have been good to know the food options." – patient

"Didn't know about food options other than Costa." – patient

"I went to Sainsbury's across the road, didn't even know there was a restaurant or a coffee shop, as I've not been here before." – patient

"I don't think patients in urgent care know where to get food from." – hospital staff

Some people also expressed a reluctance to leave the Emergency Department, and confusion over the process. One person explained, "Are you allowed to leave? I can't leave in case I miss my slot, and I'm here alone, what happens if the doctor calls? Will I go to the back of the queue again?"

There was an inconsistency in signage, in particular for Costa Coffee. Costa is the only servery open 24 hours a day, and is a huge asset to those who visit the hospital late, however, signs around the hospital gave different opening times. The images below,

include a photo taken from the door of Costa (giving the incorrect/incomplete times), as well as a lift on Esher Wing and a TV on one of the wards. Consistent information about Costa being open 24 hours a day would help patients, staff and visitors plan, particularly those with long waiting times.



Furthermore, information for patients on the [Kingston Hospital website](#), including 'hospital restaurants and cafes', does not show Costa as open 24 hours a day but provides different times (see below) to that evidenced in the photographs taken during our visit.

Hospital restaurants and cafes

You and your visitors are welcome in our restaurant and cafés. Bear in mind they do not all take cash.

- **Hospital Restaurant**, Level 2, Kingston Surgical Centre (7am to 3pm every day)
- **Costa Coffee**, main entrance (7am to 5am every day)
- **RVS Café**, main outpatients (8am to 5pm each day).

There are also gardens to enjoy opposite the main entrance to Esher Wing, behind the Emergency Department, and by the entrance to the hospital restaurant.



On the wards, two patients spoke about not initially being offered food from the second side of the menu.

"I was not asked if I wanted anything off the second side of the menu, where they offer salads "and jacket potatoes." – patient

"Patients should be reminded they can choose off the other side of the menu." – patient

"Patients should be told about other side of menu where they add more options." – patient

Communication about food and drink availability – key observations and suggestions:

- Signage for where to access food and drinks is unclear with conflicting information about opening times.
- Patients were unaware they can leave Emergency Department waiting room to get food and drinks, as long as they let staff know where they are going.
- Patients who are being read the menu, do not always know about the options on the second side offering lighter bites.

5.7 Drinks trolley

Guidance in the ISS leaflet, available to all patients, explains 'patients are provided with 2 jugs of fresh water every day'. It also states that patients 'are also offered 6 served drinks daily by the ISS team and the seventh drink by the ward nursing team'. Healthwatch Kingston learned from our visiting team conversations with patients and staff, that the drinks trolley does not consistently makes six rounds daily. There were acknowledgements that this may appear so because patients and staff lose count. However, none of the patients we spoke with were upset and were happy with their access to hot drinks and available water:

"I have only to ask for a cup of tea and someone will give me one." – patient

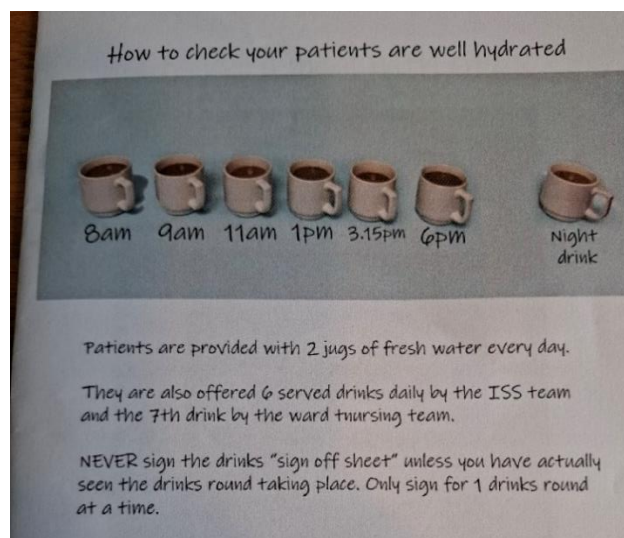
"I can get tea in the afternoon and a hot chocolate. I can ask the staff if I want a drink, and they will always help." – patient

"There is a tea trolley throughout the day. If you want tea or coffee outside of these times the nursing staff are happy to get you a drink." – patient

"Hot drinks arrive twice a day." – patient

"3 or 4 times a day I'm offered a drink." – patient

"Hot drinks are offered enough." – patient



One member of hospital staff said, "I only really see a drinks trolley three to four times a day and not six as stated in the leaflet."

From the feedback on the day of the visit, patients appeared happy with the number of drinks on offer and felt they had access to drinks via the staff on duty.

A person waiting in the Emergency Department since the morning told the visiting team "At 11am the tea trolley came round and the next time we saw it, it was at 6pm."

Healthwatch Kingston were told that the drinks trolley was the responsibility of the ISS catering staff, and should be signed off as present by Kingston Hospital ward staff after each trolley visit.

Healthwatch Kingston notes: We did not review the drinks trolley sign off sheets on the wards, nor ask hospital staff about this process during our Enter and View visits.

Drinks trolley - key observations and considerations:

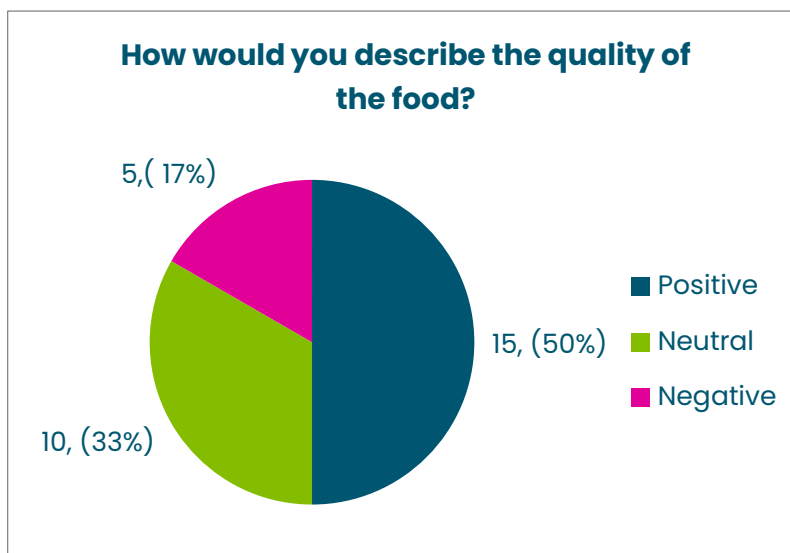
- Patients were being offered drinks and felt confident to ask staff if they required something additional.
- Feedback from staff and patients suggested that the ISS drinks trolley may not be as frequent as guidance states and unplanned checks of frequency and sign off sheets could assure regularity.

5.8 How surveyed patients described hospital food

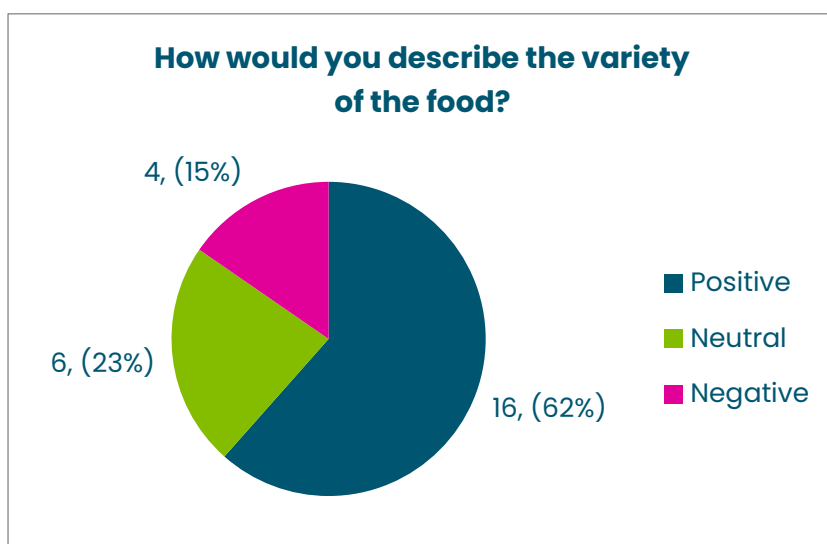
We invited patients on wards visited to describe their experiences of the hospital food. We asked about the quality, variety, temperature and quantity of their food. We received 33 survey responses (one response from outpatients, five from Isabella Ward, ten from Hardy Ward, ten from Hamble Ward and seven from Kennet Ward). Not all of the 33 patients responded to each of our four survey questions.

5.8.1 Quality of the food

30 patients responded to our question about the quality of the food. 50% (15 patients) said they were 'positive' about the food they had received while in Kingston Hospital. One third (10 patients) felt 'neutral', and 17% (5 patients) described the quality of the food as 'negative'.



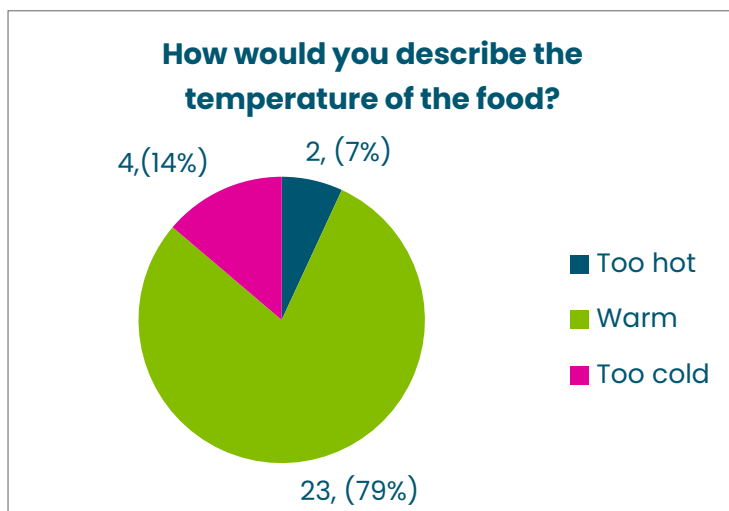
5.8.2 Variety of the food



26 patients responded to our question about the variety of the food. [Earlier in the report we](#) said that patients were happy with the variety on the menu offered by Apetito for Kingston Hospital on the wards. 62% (16 patients) were 'positive', 23% (six patients) felt 'neutral' and 15% (four patients) rated the variety as

'negative'. One of the patients who said they felt negatively about the variety of food, explained they had dietary requirements and had ordered from a 'special menu', they said, **"I am vegan so there is not much to choose from"** ([we explain more about the feedback received from patients about special menus later in this report](#)).

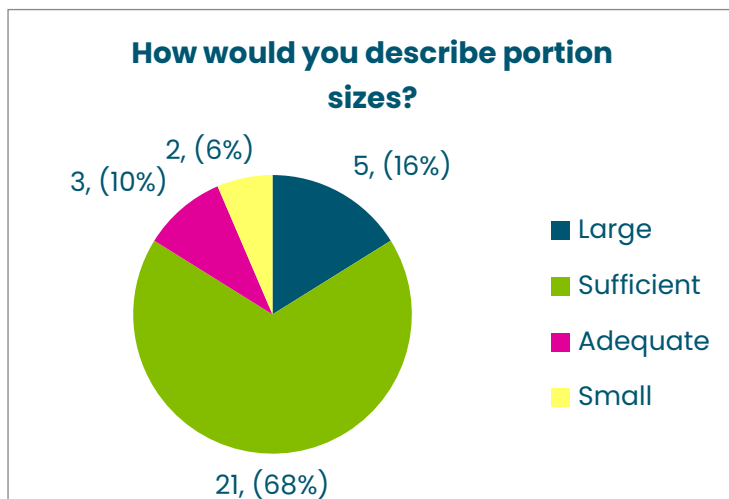
5.8.3 Temperature of the food



29 patients responded to our question about the temperature of the food. 79% (23 patients) said the food was 'warm', 7% (two patients) said it was 'too hot' and 14% (four patients) replied it was 'too cold'.

Two of these patients further shared their experiences of food and drink temperatures on the wards. One noted, "I get up for a cold water, but I prefer icy water" and the other said,

"I won't have cereal as milk is not cold. Pudding not good when cold, but nice when hot like apple crumble and custard."



5.8.4 Portion sizes

31 patients responded to our question about the size of portions. 16% (5 patients) said that portion sizes were 'large', 68% (21 patients) 'sufficient', 10% (three patients) 'adequate' and 6% (two patients) felt they were 'small'. One patient told us, "When I arrived in hospital I was not eating and didn't have a normal

appetite, I can always ask for more food if I want it. I even got food at 3am."

How patients described hospital food – key observations and considerations:

- Patients who responded to our survey were generally happy or satisfied with the quality, variety, temperature and quantity of the food available to them while in Kingston Hospital.
- Patient fridges were available on some wards, but not all patients we spoke with were aware of these. More awareness could help patients store their own food and drink and support those with personal preferences. Fridges could also help visitors supporting patients with long stays in hospital.

6. Hospital wards and areas visited and observed

6.1 Hamble Ward – observations and feedback

The visiting team observed breakfast, lunch and dinner on Hamble Ward. When we arrived for breakfast at 8.23am on Monday 25 March, the ISS food trolley was already on the ward and meals were being served to patients. The food was clearly hot, and staff were wearing pink aprons and PPE. One member of staff was taking lunch and dinner orders with a patient using a laminated menu.

There was some cleaning activity in some of the bays during the food service, but this was not interrupting the patients and their breakfast. We were informed that all patient food orders needed to be completed before 8am but on the day we visited Hamble, we observed a housekeeper speaking to patients with special diets and taking their orders, before calling these through to ISS after this time. The visiting team also noted dietary information above patients' beds, alerting all hospital staff about patient special dietary requirements.



Speaking with patients about their daily experiences of the food, we received one comment that implied the food for them could be bland, “Carrots should be provided rather than cauliflower as plate is rather beige” and another about the lack of flavour, “I have my own chilli sauce to try and give it flavour”.

All the patients we spoke to during our visit to Hamble Ward had access to filled water jugs. Patients on Hamble also shared they were offered plenty of hot drinks, although there were some who felt the standard of the hot drinks were, “Not good quality” others adding, “Tea is never hot by the time it gets to you. Cups do not keep the heat. Can’t drink cold tea, love a hot cup” and “Tea is a bit weak”.

One patient told us about the person opposite their bed being upset that they had the wrong food, “She didn’t get her meal last night and was not happy with what they

offered her. You sometimes have to remind them [hospital staff] if you have a special diet. The lady opposite forgot to do it". Another patient spoke about how staff were aware of their dietary requirements, "I know what I can and can't eat, they give me the low sugar ice cream as I'm diabetic".

In Hamble and in all other wards during our Enter & View visits, no patient told us of any issue getting food outside of mealtimes. One patient spoke about being able to get food when missing a meal, "If you are away from your bed at mealtimes and come back, they offer you a sandwich. If you want something outside of mealtimes, they give you a snack bag, which has a sandwich, crisps and fruit".

One patient on Hamble ward said that mealtimes were, "never very calm" but others described mealtimes as, "Peaceful", "Quiet and calm" and "A good environment".

One patient noted that, "Sometimes the doctor picks a bad moment to come around during meals". Healthwatch Kingston notes that mealtimes are meant to be protected from disturbance if possible.

When we asked patients what would improve food on Hamble Ward, apart from more vegetarian and vegan options one person suggested, "Bigger portions and offering alternative drinks to people who do not like tea or coffee. Maybe lemon juice or another juice".



Speaking with a staff member we learned they needed to adapt to ensure food service is adequate for patients, "Staff have borrowed from other wards to get by".

We were also told by a member of staff that there is freedom for staff to adapt the food service to suit the needs of patients, "The hostess and housekeeper work differently on different wards. We just do what works for everyone".

Hamble Ward - key observations and considerations:

- Mealtimes appear to not always be protected by some medical staff.
- More options with food and drink would improve patient experiences.

6.2 Hardy Ward – observations and feedback

We spoke to 12 patients on Hardy Ward on Monday 25 March. The visiting team received positive feedback about the staff and the extra effort that they made. Some patients believed there needed to be more staff on the ward to help share the workload, “Staff are always rushing around and need more help” and “Staff often rushing around, need a few more”.

One patient told the visiting team that meals were always on time and that unless there was an emergency, mealtimes were quiet. Another mentioned, “Staff try not to do anything clinical during mealtimes but sometimes this is unavoidable e.g. medications with food. The staff always apologise if they have to do something during mealtimes”.

One patient told us they had been bringing in their own food due to the “limited special menu options”, another explained that did so as they were “not enjoying the hospital food on offer”.

Other patients spoke to the visiting team about how quickly things were tidied up after lunch on Hardy ward, “Trays are taken away properly” another patient described the ward as, “Normal. Kept clean”.

The visiting team observed that a staff member noted that there was a spillage, this was covered immediately but not cleaned for about twenty minutes with no ‘wet floor’ sign in place.

When we asked patients for their insight, and what they believed could be improved in relation to food and drink at Kingston Hospital. Patients mentioned adding more flavour to the food and about not having meals interrupted for medication and drinks:

“A bit of flavour in the food.” – patient

“Add a bit of flavour, spices. Not hot ones.” – patient

“Tablets during food, would prefer if they were before or after.” – patient

“When eating dinner can medication be given either before or after. Can tea/coffee be offered after we have eaten not during our meals.” – patient

When observing Hardy Ward, one member of our visiting team noted that food was, “Spooned on a plate, in no particular order”, another reported, “Food looked a bit slapped on and not very appetising”. A different authorised representative noted that food was being served disproportionately when plated, “One serving was a spoonful, the next a spoonful and a bit more”. Healthwatch Kingston acknowledges that variance in serving sizes may be due to hospital staff knowing a patient’s dietary requirements and preferences rather than a haphazard approach to plating up food.

One patient with a black tray (a tray for people without dietary requirements) was observed struggling with their cutlery. This was reported by the visiting team and within a few minutes, a member of staff was there to help them. Healthwatch Kingston were pleased to observe that at the next meal that day the patient was given a red tray to signify their need for support.

We spoke with 3 ward staff on Hardy who shared their experiences of mealtimes:

“Not enough manpower, I can’t split myself.” – hospital staff

“Nurses can be helping, but get called away.” – hospital staff

“Volunteers are amazing, especially at mealtimes.” – hospital staff

“More staff at mealtimes. We all want more staff but can’t expect that. Would be good if some came out of their office to help.” – hospital staff

One staff member shared how some patients could change their mind, and that the staff on the ward do their best to accommodate this, “Hardy is a gastro ward. Some patients may fancy something at one point and then not be able to eat it when it comes”.

Another staff member told the visiting team about some medical and therapy staff not always observing protected mealtimes, “Doctors and occupational therapists take up

patients' time at mealtimes". Healthwatch Kingston would like to note that a patient on Hamble Ward also observed this was an issue.

Ward staff also shared difficulties experienced when supporting someone with a disability or with English as a second language to choose their meals:

"Non-English speakers' family help choose in advance." – hospital staff

"If family are not around to support someone with a learning disability or English as a second language, we choose for them. Unfair as no choice, but what is the alternative?" – hospital staff

"We have 26 patients on the ward at the moment, it is hard if someone has a learning disability as they don't understand the menu we choose for them. Even if we had picture menus for every meal, we wouldn't have enough staff or time to go through this, even though we feel bad." – hospital staff

During our feedback session to the hospital about Hardy Ward at the end of the day, we learned that sometimes, when a patient is in the emergency department, the hospital staff may not always have details about a patient's dietary requirements, preferences, or mealtime support needs. We were reassured however, that adjustments were made to accommodate a patient's dietary and mealtime support needs as soon as possible after transfer from the Emergency Department to a ward.

Hardy Ward - key observations and considerations:

- Mealtimes appear to not always be protected by some medical staff.
- Patients noted that staff capacity at mealtime appeared over-stretched, and this was reinforced by staff feedback.
- Patients with a learning disability or with English as a second language are not always supported to choose their own meals from accessible menus.

6.3 Isabella Ward – observations and feedback

During our visit to Isabella Ward on Thursday 28 March, our team observed a large proportion of patients that were 'nil by mouth' and ward staff using a magnetic signs system to communicate patients' care needs. Magnetic symbols were placed on white boards behind patient beds that were visible to staff and could be easily updated as the patient's medical or care needs changed.

Isabella Ward is for patients with unplanned admissions and the considerate manner in which ward staff managed the care for people who were not allowed any food or drink, was noted by several patients.

Patients that were allowed to eat, were sat upright in bed, or in their bedside chairs. The visiting team did not see any menus on the ward. A staff member explained "Isabella has a high turnover of patients and menus are most likely lost amongst patients belonging as they move. So laminated menus are used to take orders, and then collected in again".



During the lunchtime food service at 12.30pm, the visiting team witnessed some confusion over food orders as meals and tickets had been mixed up. We were pleased to observe that issues were resolved quickly and efficiently by ward staff. As food was being plated, staff were overheard being attentive to patient needs commenting, "X is not hungry at the moment" and "Y is currently nil by mouth".

The delivery of food throughout the day on Isabella was efficient, with all available staff assisting during each mealtime. Patient feedback about food included:

"Staff and nurses get very busy. Tidied up quickly after mealtimes." – patient

"I got food at 3am. Nil by mouth sometimes during visit. Staff acknowledge this and don't ask for food orders and ensure food is here when you can eat." – patient

“Had an MRI scan at mealtime, food was waiting for me when I got back which I was happy with.” – patient

“There has been good communication about what patients can eat and when.” – patient

“Nurses always offer and ask if I want anything.” – patient

“Something spilt in the middle of the night and was cleaned up straight away.” – patient

“Can’t fault them.” and “Nurses are amazing. Consistently amazing.” – patients

When we asked patients about drinks, patients said they were always offered drinks, and their water jugs were never empty. They were unsure about how often they are offered teas and coffees. One patient said, “I don’t always get what I order from the drinks trolley, tea instead of coffee for example”.

Some patients were not happy with the quality of food, one shared, “Cheese sandwich yesterday, didn’t fancy any of it”, a patient’s partner also mentioned, “Default option is a cheese sandwich, a bit of yellow plastic, a snack doesn’t seem to be sufficient”.

When patients on Isabella were asked about how Kingston Hospital might improve food and drink, most struggled to suggest, however, a couple did comment about the variety and availability of food:

“Snacks. Improve the variety and availability” – patient

“More Mediterranean food, but I think the choice of food is superb.” – patient

The visiting team spoke with four staff from Isabella Ward. None had an issue with how they get food to patients, and they believed they had enough staff to get patients ready at mealtimes. One said, “The



negative comments from patients are about temperature and lack of flavour. There used to be complaints about the lack of choice, but this is less now since the menu has been expanded.” – hospital staff

Staff mentioned issues about communicating with ISS (the kitchen staff):

“When the kitchen doesn’t have something, they just send anything.” – hospital staff

“The kitchen will send up anything, it’s not always appropriate for the patient.” – hospital staff

When we asked for how mealtimes can be improved on the ward, one staff member suggested, “Improve the communication between ward and kitchen if they do not have what has been ordered”.

Isabella Ward – key observations and considerations:

- Patients would appreciate more variety of the food available in the snack boxes.
- Communication between ISS/the kitchen staff and the ward could be improved to resolve issues with incorrect food being sent to someone on a special menu.

6.4 Kennet Ward – observations and feedback

Our Enter and View team visited [Kennett Ward](#) on Thursday 28 March. Kennet is a dementia friendly environment that provides care for elderly people who are unwell and in need of hospital care and treatment. We observed breakfast, lunch and dinner and noted how nicely the food was presented on the plates and trays. One member of the visiting team noticed the high number of red trays in one bay and that some patients were waiting to be supported during lunchtime. We also observed one patient with a red tray who was sleeping. Staff supported other patients before supporting the sleeping patient with their meal. There was a good rapport between staff and the patients.

The day room was open and inviting. Patients mentioned that they enjoyed being in there and staying for long periods of the day. One patient noted, “There is a fridge in the

day room you can use and that has green milk. You can also have yogurts that are in the fridge. Some people park in the day room and stay there all day."

One member of the visiting team in the evening noted the atmosphere in Kennet Ward seemed quite different, and patients became restless. We observed a nurse holding hands with an agitated patient for several minutes, which appeared to calm the patient.

We spoke with eight patients on Kennet Ward who did not make as many comments about the food as patients did on other wards, but they each told us they were satisfied with the availability of food and drinks. One said, "I can get tea and hot chocolate. I can ask the staff if I want a drink, and they will always help."

Those that needed support at mealtimes spoke highly of the staff. One patient sharing, "I need some help getting ready for meals. Nurses get me ready as much as they can. They are limited. They come and wash my hands before I eat."

Another patient was grateful for the helpful hospital bed which allowed them more independence, "I always try and do what I can and there is a gadget with buttons for the bed to help me sit up."

A different patient mentioned the various smells at mealtimes and how they struggled with it, "At mealtimes it can be smelly as everyone has different food, if you are not feeling well, it's not always nice. The smell hits me and I don't know what can be done."

One patient spoke of the mix up when they didn't get what they ordered and what arrived was quite different, "I have asked for tuna salad and got given a 'Moroccan style' lunch with chickpeas."

A partner of a patient spoke of their need for support and their admiration for the staff team, "During evening times patients can be more agitated, sometimes noisy and people calling out. The dementia can cause an issue and there is a thing called sundowning where people with dementia get worse at night, maybe they are tired? But there is always someone with an eye on the bay, and they are always checked at night. The ratio of staff to patients could be more in the evening and at weekend, as there are some people on this ward [Kennet] that have high needs, and need a lot of attention".

Another patient's partner said, "Staff are brilliant and really support the friend and family. The staff need more support with managing people with varying needs, some people have 'wandering dementia' and need constant watching. Regularity of showers for patients can be dependent on the wards, personal care is important when you are in here for a long time. The volunteers do a great job, and I think some are quite young and medical students, sometimes they come in and help at mealtimes".

There were no suggestions for improvements during mealtimes on Kennet Ward. Three people responded:

"I am a happy patient" – patient

'Plenty of time to eat. Nothing to improve' – patient

"It's hard to get parking unless you are in here by 8.30am, after that there aren't any spaces" – patient's partner

The visiting team spoke with staff on the ward. One member of the team who specialised in end-of-life care said, "Not everyone who comes on to this ward have friends and family, some people are completely alone."

In regard to food choices and patients can change their minds or forget what they had ordered, a staff member said "90% of patients get what they order. Sometimes patients forget what they have ordered. This is easy to solve, we always make sure they have something they like. The kitchen always brings spares, just in case"

We discussed volunteers helping patients who needed support during mealtimes. It was clear that volunteers were in demand and appreciated:

"Volunteers help us out sometimes. We can't help every person who needs assistance as soon as the food arrives. sometimes we will have 30 people vs 3 staff" – hospital staff

"Pre covid we had more volunteers. We only get one or two a week now. More help to support staff to help people to eat would be great. The food can go cold while they wait" – hospital staff

“It can be difficult if you have three or more people with red trays and it can sometimes take up to half an hour to feed one person” – hospital staff

“Extra help from volunteers or students at mealtimes is good.” – hospital staff

Kennet Ward – key observations and considerations:

- Due to the high number of red trays, Kennet Ward could benefit from the food trolley remaining on the ward for a longer period.
- People staying with loved ones for a prolonged period of time could benefit from being fed, or offered a sitting service so they can safely leave their loved one.
- Staff would benefit from more support during mealtimes, especially while helping red tray patients to eat.

6.5 Outpatients – observations and feedback

As part of our Enter and View, the visiting team reviewed the availability of food and drinks throughout the hospital, and considered if outpatients, visitors, staff and patients not in a ward were able to access food throughout the day.

There are three main food outlets within Kingston Hospital. Costa at the main reception, a café in outpatients (run by [Royal Voluntary Service](#)), and the main restaurant in the surgical centre. There are also vending machines throughout the hospital with a variety of snacks and drinks available.

Outpatients has a small café, which serves drinks and smaller food options such as cakes, pastries and sandwiches. A member of staff at the reception of outpatients told us, “Never had any complaints about food. The only thing I got told/asked about was for directions to Costa.”

The visiting team observed that the café was clearly visible in the outpatients’ waiting area, with a steady flow of people purchasing food. Although busy, on the day of the visit Friday 22 March the area was clean and tidy, with no litter. We did notice that in the

morning they had already sold out of the fruit salad, and by 2.30pm had also sold out of sandwiches. An outpatient we spoke to, shared their views on the café, “It fine for the purpose it serves, the space is managed well. I would have liked a pastry, but they had sold out when I ordered at 9.30”.

Staff from the café explained that when deliveries arrive, storage space could be limited, and that managing stock can be difficult as demand varies.

The seats in the outpatients waiting area are laid out in rows, with a small room on one side that has some tables and chairs. One person in outpatients suggested, “They [Kingston Hospital] should have small tables to put coffee down in the waiting area and more tables available, as waiting can be a long time.”

Another patient we spoke to was impressed with the variety, “They had decaf which is surprising for a small café. The menu looked ok, there was quite a lot to choose from”. The visiting team also noticed a variety of gluten free options were available.

The outpatient’s café is run by and branded with Royal Voluntary Service. On the advert it reads ‘BUY HERE GIVE BACK’. One of the people our authorised representatives spoke to said, “It is called Royal Voluntary Service, is it a charity? Where does the money go? Who are volunteers? Be good to know what money goes back to the hospital.”



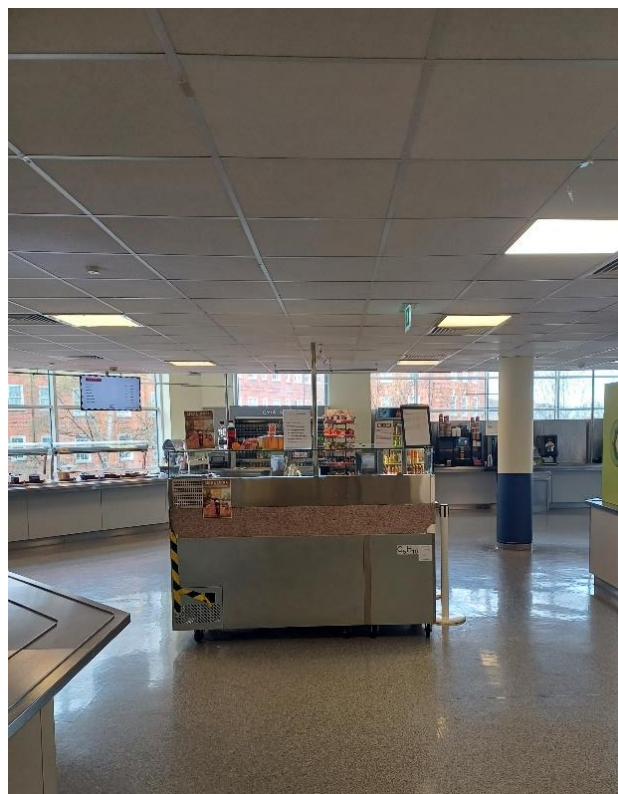
Outpatients - key observations and considerations:

- The design of the chairs makes it difficult for patients to put food and drink down while seated in the outpatient’s waiting area.
- The lack of storage makes it difficult for the café in outpatients to hold stock of key products while offering a wider choice of options in a small space.
- Information on the Royal Voluntary Service could be improved to raise awareness of the charitable aspect of the café.

6.6 Restaurant – observations and feedback

The restaurant is located in the Surgical Centre, serves breakfast, lunch and smaller snacks from 7am – 3pm. There is a large seating area available to the public with a smaller staff only seating area at the back.

The staff only area is open beyond 3pm, whilst the main kitchen is closed, food is still available to staff via a vending machine that sells frozen ready meals and has an accompanying microwave. However, a member of the hospital staff commented, “I have never seen it work”.



One of the issues the restaurant faces was that not everyone knew it was there. (See [Communication about food and drink of availability](#) within this report).

One patient said, “I would like the restaurant to be open beyond 3pm” and a member of the hospital staff added, “We bring in our own food if we are working beyond three”.

The visiting team felt that the restaurant offered the best food and drink value for money within Kingston Hospital. A meal can be purchased for as little as £3.45 (jacket potato, cheese and beans) plus a drink. In comparison, Costa were charging £5 for a chicken sandwich.

When our authorised representatives spoke to people in the restaurant, a member of hospital staff said, "I think it's good value for money" and a visitor added, "The restaurant food is really good quality and price".

The food in the main restaurant was served from two counters and a salad bar. Allergy advice was available and visible at each point. The visiting team noted that the well-sized restaurant was very welcoming, clean and tidy with large windows allowing in lots of natural light. The restaurant was busy at lunchtime on Friday 22 March, but there were still seats available. The portions sizes of the food were good, however when the visiting team sampled the lunch there was a mixed response, some found the food to be "tasty" and others commented that the food "was a little bland".



Restaurant - key observations and considerations:

- Hospital staff and patients would like to see the restaurant open beyond 3pm.
- The restaurant is very well presented with plenty of options for both patients, visitors and hospital staff.
- Patients, visitors and hospital staff believed the restaurant offered good quality food and was value for money.

6.7 Costa - observations and feedback

Costa is situated by the main entrance to Kingston Hospital. It is well known and trusted coffee shop brand with over 2,500 units across the UK. One patient, who was between appointments told us, "We chose to get a drink in Costa while we figured out what we do next. You know what you are getting with Costa".

Costa is open 24 hours, but its opening time was not accurately advertised throughout the hospital during our Enter and View visits.

At lunchtime on Friday 22 March, the visiting team observed a long line of people waiting for their food and drinks at Costa, but the line moved quickly with plenty of staff available to serve customers and shelves were being refilled with food and cold drinks. There were a few empty spaces on the shelves, but the coffee shop was well stocked.

Allergy information was available through a QR code leading to a website, or a physical folder behind the counter if people preferred.

The cost appeared to be in line with the cost of a Costa from the high street, but a more expensive option than the restaurant (£2.25 for an 'Americano'). A staff member told us, "Handy Costa is open at night but it's expensive".

Costa - key observations and considerations:

- Costa is well-known and trusted by patients, hospital visitors and staff.
- The advertising across the hospital is inaccurate as it shows Costa closing and reopening at different times, rather than open 24-hours.
- Staff at Costa work efficiently to serve customers quickly and keep shelves well stocked with food and drinks.

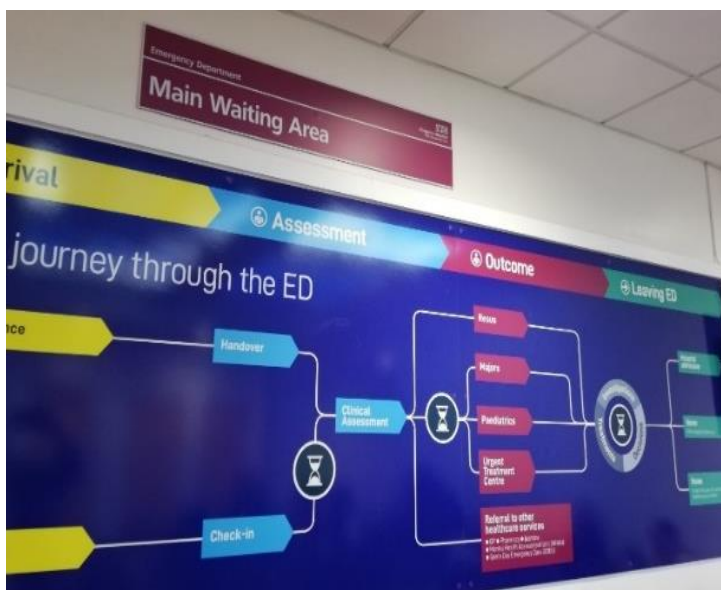
6.8 Emergency Departments (waiting area) – observations and feedback



We visited the Emergency Department around lunch time (12.40pm) on Friday 22 March. There were vending machines offering some snacks such as crisps, chocolate and soft drinks. On the day of our visit, some new vending machines were being fitted. These new machines offered more substantial food such as sandwiches and rolls and the visiting team were pleased to see that the hospital was making efforts to improve food availability for people in the Emergency Department.

When we revisited the new vending machines on Thursday 28th March, unfortunately our team could not get the new machines to work. We also observed that this was an issue for some of the patients who tried to use the machines after us. Also, the vending machines are located in the 'main' waiting area of the Emergency Department and could be missed if people were in other waiting areas such as triage.

Water fountains were available, however, not always easily visible, as the visiting team noticed one was behind a door in the Emergency Department and another tucked into a corner. There was water available in paediatrics urgent care, but no vending machines. The visiting team noted that this could be inconvenient for parents who are unable to leave young children or babies who are in the Emergency Department.



We were told by hospital staff and patients that there was a tea trolley that goes around the Emergency Department areas and sometimes food was offered. This was well received by one patient we talked with, “Trolley offered me sandwiches and a coffee while I was in A&E” but a staff member believed this could create its own problem as, “How do you offer it to one patient and not those surrounding them”.

One of the issues in the Emergency Department was that patients are not aware of the food options available to them within the hospital, or they don't know they can leave and come back as long as they make staff aware of their plans. A staff member shared with us, “I think patients are unaware when waiting in the emergency department they can tell staff they need to get food and where they are going”.

Kingston Hospital have said they are looking into the options for supporting patients to leave the waiting room, but are trying to figure out the logistics.



Emergency Department (waiting areas) - key observations and considerations:

- It was not clear that patients could leave the Emergency Department waiting areas and get food from somewhere else within the hospital, as long as they let staff know of their plans.
- Vending machines and water fountains are available, but could be easily missed by patients and visitors.
- Incorrect information was displayed for Costa opening times.
- Information about food and drink doesn't include the outpatients café and was only on a rolling TV advert in the waiting area, not displayed more prominently as a permanent sign.

6.9 Emergency Department (wards) – observations and feedback

On the Emergency Department wards we spoke to both staff and patients. We were told by a member of the hospital staff that the emergency departments, “Are running more like wards now” and would benefit from “more structured mealtimes, or at least more options to provide food and drinks to patients”.

There was a small freezer in the Clinical Decisions Unit (CDU) which had ready meals inside, along with a smart microwave which scanned the meal and knew how long to cook it. This was designed to make it easier for whoever is using it, but can cause its own problems:

“The meals can take 8 minutes to cook, so staff can wait there and waste time or do some work and potentially forget the food is there.” – hospital staff

The freezer in CDU was limited in size and could make managing diets with special requirements difficult:

“Getting food for someone on a special diet is near enough impossible. Only meals from CDU or sandwiches available to us, what do we do if someone is on a pureed diet, their only option is yogurt.” – staff member

“Limited in what she can eat because of hiatus hernia, Mum has soft food at home, not sure what will do for food if here any longer. Most likely go to Sainsbury’s.” – patient’s daughter

“Diabetics struggle to get hold of food; staff adapt where they can.” – staff

As well as issues with special diets, we learned that the arrival of food can be hard to work around. Medication can often need to be taken with food, and when food doesn’t always arrive on time can make things more challenging for the staff involved:



“We would benefit from scheduled mealtimes, like other wards and have the same delivery of food.” – hospital staff

“Breakfast arrives late, you have to grab what cereal you can before this to give to patients who need medication when taking food.” – hospital staff

“Taking away lots of leftovers shows that patients are not enjoying the food. Lots of food arrives cold and the toast is chewy. Patients can look at it and turn it away.” – hospital staff

Patients can be in the Emergency Departments and their waiting areas for a long time. We were told by a member of the staff team about a previous (historic) experience of a patient in the Children’s Emergency Department who had been in the hospital for 12 hours. The patient and their family had been at the hospital since 2am (across both breakfast and lunch) and had not been offered food.

“Would be great if we can offer what is offered on the wards, only to patients who have been here for longer than four hours and not in waiting area as how do you offer it to one patient and not those surrounding them.” – hospital staff

Some of the departments do not have access to the ready meals, which means that patients have to leave to get food. This can cause more issues for staff:

“If parents go for food we have to look after the children.” – hospital staff

“Would like to be able to offer food to families, but we don’t have access to any.” – staff in children’s emergency department

A member of staff and a patient shared the same ideas for what would improve food in the emergency departments. Both suggesting jacket potatoes and soup as options for improving the current situation:

“Sandwiches – fair enough, crisps get rid, salty as hell. Would like more smaller snacks for those who do not want a larger snack. Biscuits are not the healthiest option, bananas and fruit not always suitable – small fruit pots and soup options would be good. Think we would be able to do jacket potatoes down here.” – hospital staff

“On a previous visit we were in the acute assessment unit, and I had to argue for a jacket potato rather than the mac n’ cheese they were trying to serve. Mum can’t have stodgy foods. I would like there to be more soft food options. A soup option would be good” – patient’s relative

Hospital staff shared that patients could miss meals when moving from one department to another. If they are moving from an emergency department to an inpatient ward, this would then be picked up by staff on that ward. They also confirmed that ward staff then check dietary needs as well as ensuring that patients have had their most recent meal.

Emergency Department (wards) - key observations and considerations:

- Staff and patients could benefit from the from the frozen meals in Clinical Decisions Unit being available to other wards/units.
- Patients in emergency department wards could benefit from a similar food and drinks service provided to inpatient wards.
- A wider range of snacks such as fruit pots could benefit patients in the emergency departments.

Vending machines - observations and feedback

Vending machines are available throughout the hospital. The visiting team noted that the prices were different between one vending machine and another and that the cost of buying from a vending machine was more than if you were to buy from somewhere else. One set of costs were recorded as:

- Bottle fizzy drinks for £2.40
- Bottle of water £2.10
- Snack bar £1.40
- Bag of nuts £1.60

The team noted that a different vending machine was selling water for £2.50.

One patient told us they were put off buying food from the vending machines, “I had a look at the vending machines, would get fizzy drinks but not snacks as much cheaper outside of hospital.” – patient

Most of the hospital is payment by card only, including the vending machines. One of the visiting team witnessed a patient or friend/family member trying to use the vending machine in the Emergency Department and giving up when they could not get the touch screen working.

One vending machine near the lifts on floor 5 (Kennet Ward) was not visible when we left the lift, but on your way back from the ward to the lifts it was just about visible behind the wall (see photo on the right).

We mentioned to a hospital staff member that vending machines were not well signposted and could potentially be on the hospital map. We were informed they have been kept off the map as the hospital were trying to keep the map simple and Easy Read for people with neurodiversity and learning disabilities.



Vending machines - key observations and considerations:

- Pricing of food and drinks from vending machines was inconsistent and potentially cost prohibitive for some.
- Vending machines are not signposted well throughout the hospital, and some are hard to find/not visible to everyone.

7. Other (non-food and drink)

We heard from one patient about their negative experience of Hardy Ward, “Cleanliness on the ward is poor. I complained and they still only swept in the middle of the bay, not under the beds. The lady opposite cleaned her own area yesterday. In the toilets, there is rubbish left on the floor all day. I think they only clean the toilets in the morning (around 9am) so rubbish builds up all day. When they do clean the toilets, they don't use disinfectant. The windows are also dirty”.

During our visit to Isabella Ward, the team noticed that signage for infection control issues could have been clearer. Signs to not enter without PPE were on doors that were wedged open. This meant that the signs were not alerting someone of infection control measures until they people were already in the room, or potentially missed completely.

8. Conclusion

Patients were overall happy with the food and drink they were given during our Enter and View visits, as well as the support they get from staff during mealtimes. In addition, the majority of patients had an appreciation for how much work hospital staff do.

Our conversations with patients and staff made it clear that providing food and drink that everyone enjoyed was a challenge, especially when someone has special dietary needs. There were clear attempts to provide food that was suitable for a range of preferences, beliefs, allergies and more. These were appreciated by most patients, but when they had been in hospital for several days, we understood the meals could become quite repetitive.

One of the main challenges appeared to be communicating what options were available to patients and their visitors (family/friends). Some people we spoke with did not know there was a restaurant and similar communication issues were evident on the wards where some patients did not realise there was a shared patient fridge or a second side to the menu.

Healthwatch Kingston acknowledges that increasing the options and access to food across all emergency department wards will present challenges, but improvements in these areas would benefit both patients and staff during extended stays in emergency care.

9. Thank you

Healthwatch Kingston would like to thank the Kingston Hospital patient experience team for their support in organising these Enter & View visits, and all the patients, ward staff and volunteers who contributed to this report - your experiences are important to us and have informed our report.

Healthwatch Kingston would also like to thank our Enter and View visiting team.

Our surveys and observation sheets used by our authorised representatives during our visits can be viewed [here](#).



Healthwatch Kingston was set up by the [Health and Social Care Act of 2012](#) to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us. As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with [Healthwatch England](#) and the [Care Quality Commission](#) who make sure that the government put people at the heart of care nationally.

[Tell us what you think about your NHS and social care](#)

Healthwatch Kingston upon Thames

Suite 3, 2nd Floor, Siddeley House

50, Canbury Park Road

Kingston upon Thames

KT2 6LX

www.healthwatchkingston.org.uk

t: 020 3326 1255

e: info@healthwatchkingston.org.uk

X: @HWKingston

Facebook: /HWKingston

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